

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/048008

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		3				
5		⑦				
6		⑦				
7		⑦				
8		⑦				
9		⑦				
10		⑦				
11		⑦				
12	1					
13						
14		1				
15		3				
16		⑦				
17		⑦				
18		⑦				
19	1					
20		1				
21		⑦				
22		⑦				
23		⑦				
24		⑦				
25		⑦				
26		⑦				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	27					
TOTAL CLAIMS	30					

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS